

156119

INSTRUCTION. O DRILLERS

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 34 ft.
Curb material concrete Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 40 Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank ☐ Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐4. Date well completed 4/23/795. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐

Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type ☐7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer ☐ Model Number ☐

How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒9. Pump and Equipment Disinfected? Yes ☐ No ☒10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

new const -

#1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Bert Rosenberger Well No. ☐

Address 1111 S. Main

Driller Barry License No. 42-471

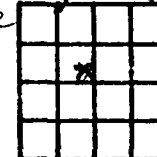
11. Permit No. 83958 Date 3/15/7912. Water from gum 13. County Union

at depth 16 to 20 ft. Sec. 6 SE

14. Screen: Diam. ☐ in. Twp. 8 N

Length: ☐ ft. Slot ☐ Rge. 3 W

Elev. ☐



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6	plastic		10
36	concrete		32

SHOW
LOCATION IN
SECTION PLAT
SE SE 1/4

16. Size Hole below casing: ☐ in.17. Static level ☐ ft. below casing top which is ☐ ft. above ground level. Pumping level ☐ ft. when pumping at ☐ gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>clay</u>	<u>16</u>	<u>16</u>
<u>gravel</u>	<u>4</u>	<u>20</u>
<u>hard pan</u>	<u>6</u>	<u>26</u>
<u>blue clay</u>	<u>6</u>	<u>32</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Barry DATE 4/23/79

REFERENCE #10

SITE NAME EAGLE ZINC CO.

SITE ID TLD990606941

White Cor
Ill. De (Public Health
Yellow C. - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 600, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☒ Bored ☒ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes No
- b. Driven Drive Pipe Diam. in. Depth ft.
- c. Drilled Finished in Drift In Rock
Tubular Gravel Packed
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 75 Ft. Seepage Tile Field 150
Cess Pool 125 Sewer (non Cast iron)
Privy None Sewer (Cast iron)
Septic Tank 100 Barnyard None
Leaching Pit Manure Pile None

3. Is water from this well to be used for human consumption?

Yes ☒ No

4. Date well completed 6-22-68

5. Permanent Pump Installed? Yes No ☒

Manufacturer Type

Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes No ☒

7. Pitless Adaptor Installed? Yes No ☒

8. Well Disinfected? Yes No ☒

9. Water Sample Submitted? Yes No ☒

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

- Neal Mc Williams*
10. Dept. Mines and Minerals permit No. NF4134 Year 1968
11. Property owner Neal Mc Williams Well No. 1
Address Hillsboro Ill
Driller Clay Behrmann License No. 92472
12. Water from Sand Formation 13. County Montgomery
at depth to ft. Sec. 6
14. Screen: Diam. in. Twp. 8N
Length: ft. Slot Rng. 3W
Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>48"</u>	<u>concrete</u>	<u>1</u>	<u>37</u>

SHOW
LOCATION IN
SECTION PLAT
NW NW NW

16. Size Hole below casing: in.

17. Static level 20 ft. below casing top which is 1 ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	<u>Clay</u>	<u>18ft</u>	
	<u>Sand</u>	<u>9ft</u>	
	<u>Clay</u>	<u>10ft</u>	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Clay Behrmann DATE 11-13-68

#2

White Copy -
Ill. C of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION. REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

a. Dig. ☒ Bored ☒ Hole Diam. 4 1/2 in. Depth 31 ft.
Casing material Cone Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☒ Gravel Packed ☐

(Feet)	FROM (Feet)	TO (Feet)

2. Distance to Nearest:

Building 30 Ft. Seepage Tile Field 100
Cess Pool — Sewer (non Cast iron) —
Pit — Sewer (Cast iron) —
Septic Tank 100 Barnyard —
Leaching Pit — Manure Pile —

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 8-12-77

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐

Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type ☐

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer ☐ Model Number ☐

How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Robert Lusk (Lusk) Well No. ☐

Address Shillington, Ill

Driller Seal License No. 92-471

11. Permit No. 648911 Date Aug 8-77

12. Water from seal 13. County Montgomery

Formation at depth 13 to 15 ft. Sec. 64e

14. Screen: Diam. ☐ in. Twp. 8N

Length: ☐ ft. Slot ☐ Rge. 3W

Elev. ☐

15. Casing and Liner Pipe

Diam (in.)	Kind and Weight	From (Feet)	To (Feet)
<u>6</u>	<u>plastic</u>		<u>10</u>
<u>36</u>	<u>con</u>		<u>31</u>

SHOW LOCATION IN SECTION PLAT
SW SW NE

16. Size Hole below casing: ☐ in.

17. Static level: ☐ ft. below casing top which is ☐ ft. above ground level. Pumping level: ☐ ft. when pumping at ☐ gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>clay</u>		<u>13</u>
<u>seal</u>		<u>15</u>
<u>hardpan</u>		<u>31</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Engineer Buehly DATE 8-12-77

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☒ Bored ☒ Hole Diam. 4 1/2 in. Depth 18 ft.
Curb material Buried Slab: Yes ☐ No ☐
- b. Driven ☐ Drive Pipe Diam. in. Depth ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field

Cess Pool Sewer (non Cast iron)

Privy Sewer (Cast iron)

Septic Tank Barnyard

Leaching Pit Manure Pile

3. Is water from this well to be used for human consumption?

Yes ☐ No ☒

4. Date well completed

5. Permanent Pump Installed? Yes ☐ No ☒

Manufacturer Type

Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes ☐ No ☒

7. Pitless Adaptor Installed? Yes ☐ No ☒

8. Well Disinfected? Yes ☐ No ☒

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

No building on the well

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. NE 45-22 Year 1965

11. Property Owner Harry Drex Fuller Well No.

Address 227 B. 1st St. Springfield, Ill.

Driller Paul W. Baker License No. 92-472

12. Water from 13. County

Formation

at depth 15 to 17 ft. Sec. 6.5h

14. Screen: Diam. in. Twp. 8N

Length: ft. Slot Rng. 3W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>4 1/2</u>	<u>Concrete</u>	<u>1</u>	<u>18</u>

SHOW
LOCATION IN
SECTION PLAT
NE NE NW

16. Size Hole below casing: in.

17. Static level 15 ft. below casing top which is 1 ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	<u>Clay</u>	<u>12</u>	<u>12</u>
	<u>Gravel</u>	<u>6</u>	<u>18</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Paul W. Baker DATE 3-4-65

#4

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☒ Bored ☒ Hole Diam. 44 in. Depth 40 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 10 Ft. Seepage Tile Field 80
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 80 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 8-18-83

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number
How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner James Beale Well No.
Address 1211 S. Jefferson
Driller License No. 82-602

11. Permit No. 108254 Date 7-28-83

12. Water from granite Formation 13. County Montgomery

at depth 16 to 20 ft. Sec. 6.5g

14. Screen: Diam. in. Twp. 3N

Length: ft. Slot Rge. 3W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>Plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>Concrete</u>	<u> </u>	<u>40</u>

SHOW
LOCATION IN
SECTION PLAT
SE NE NW

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.

above ground level. Pumping level ft. when pumping at

gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u> </u>	<u>16</u>
<u>gravel + clay mix</u>	<u> </u>	<u>20</u>
<u>clay</u>	<u> </u>	<u>26</u>
<u>gray clay</u>	<u> </u>	<u>40</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold Loh DATE 8-18-83

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO C LERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 36 in. Depth 35 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☒
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☒
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
concrete	0	10
gravel	10	35

2. Distance to Nearest:

Building ok Ft. Seepage Tile Field ok
Cess Pool ok Sewer (non Cast iron) ok
Privy ok Sewer (Cast iron) ok
Septic Tank ok Barnyard ok
Leaching Pit ok Manure Pile ok

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed July 30, 1979

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐
Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type concrete cap

7. Pitless Adapter Installed? Yes ☐ No ☐

Manufacturer ☐ Model Number ☐
How attached to casing? ☐

8. Well Disinfected? Yes ☒ No ☐

9. Pump and Equipment Disinfected? Yes ☐ No ☐

10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Douglas White Well No. ☐

Address 131 Taylorville Rd., Hillsboro, IL

Driller clarence Kohnen License No. 102-30

11. Permit No. 88057 Date July 26, 1979

12. Water from Red sand & clay 13. County Montgomery

at depth 25 to 28 ft. Sec. 6

14. Screen: Diam. ☐ in. Twp. 8n

Length: ☐ ft. Slot ☐ Rge. 3w

Elev. ☐

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	concrete	0+1	35

SHOW
LOCATION IN
SECTION PLAT
119°N 139°E of
SW/C NW NE NE

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.

above ground level. Pumping level ☐ ft. when pumping at ☐

gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
topsoil	1	1
clay	9	10
clay	15	25
red snad clay	3	28
blue clay	7	35

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Clarence Kohnen DATE July 31, 1979

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 21 ft.
Curb material Concrete Buried Slab: Yes ☒ No ☐
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (FT.)	TO (FT.)

2. Distance to Nearest:

Building 40 Ft. Seepage Tile Field 110
Cess Pool - Sewer (non Cast iron) -
Privy - Sewer (Cast iron) -
Septic Tank 95 Barnyard -
Leaching Pit - Manure Pile -

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 12-6-76

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location

Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number

How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

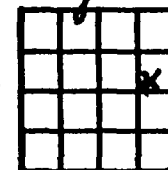
Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Kelly MacLaughlin Well No.
Address 2111 S. 2nd St.
Driller Bushy License No. 92-471
11. Permit No. 55284 Date 11-30-76
12. Water from ground 13. County Montgomery
at depth 15 to 21 ft. Sec. 6
14. Screen: Diam. in. Twp. 8N
Length: ft. Slot Rge. 3W
Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>21</u>

SHOW
LOCATION IN
SECTION PLAT
SW SE NE

16. Size Hole below casing: in.
17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>clay</u>	<u>15</u>	<u>15</u>
<u>gravel</u>	<u>6</u>	<u>21</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Bushy DATE 12-6-76

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRIVERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT**

GEOLOGICAL AND WATER SURVEYS WELL RECORD

- ### 1. Type of Well

a. Dug . Bored . Hole Diam. 30 in. Depth 2 1/2 ft.
Curb material . Buried Slab: Yes No

b. Driven . Drive Pipe Diam. in. Depth ft.

c. Drilled . Finished in Drift . In Rock .
Tubular . Gravel Packed .

d. Grout:

(KIND)	FROM (Fl.)	TO (Fl.)

- 2. Distance to Nearest:**

Building 50+ Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 100+ Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed _____

5. Permanent Pump Installed? Yes _____ Date _____ No ✓

Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes No Type

7. Pitless Adapter Installed? Yes _____ No ✓

Manufacturer _____ Model Number _____
How attached to casing? _____

8. Well Disinfected? Yes ✓ No

9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____

Location _____

11. Water Sample Submitted? Yes _____ No ✓

REMARKS:

10. Property owner Debby Clayton Well No.

Address Hillboro ILL

Driller GARY E. NOLLE License No. 91-623

11. Permit No. 110792 Date

12. Water from clay 13. County Montgomery

Formation

- at depth _____ to _____ ft. Sec. 12-21

Screen: Diam. _____ in. Iwp. 8 N

- Length:
-
- ft. Slot
-
- Rge.
- SW

15. Coring and Line Bore Elev. _____

- ### 13. Casing and Liner Pipe

Dim. (in.)	Kind and Weight	From (Pt.)	To (Pt.)
30	concrete	30	

SHOW
LOCATION IN
SECTION PLAT
NW NE NE

16. Size Hole below casing: _____ in.

17. Static level _____ ft. below casing top which is _____

above ground level. Pumping level _____ ft. when pumping at _____

gpm for _____ hours.

[illegible]

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Wm. G. Hall DATE 5-19-8

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTION 2 DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 35 ft.
Curb material none Buried Slab: Yes ☐ No ☒
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 40 Ft. Seepage Tile Field 80
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank 65 Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 11-22-78

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐
Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☐ No ☒ Type ☐

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer ☐ Model Number ☐
How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Charles Shelbamer Well No. ☐

Address Millington

Driller Bushy License No. 92-471

11. Permit No. 182215 Date 11-17-78

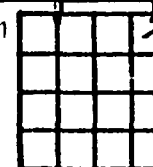
12. Water from gravel 13. County Madison

at depth 22 to 35 ft. Sec. 6 1/4

14. Screen: Diam. ☐ in. Twp. 8N

Length: ☐ ft. Slot ☐ Rge. 3W

Elev. ☐



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>		<u>10</u>
<u>36</u>	<u>concrete</u>		<u>35</u>

SHOW
LOCATION IN
SECTION PLAT
NE NE NE

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.

above ground level. Pumping level ☐ ft. when pumping at ☐

gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>		<u>14</u>
<u>gravel hardpan mix</u>		<u>35</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Bushy DATE 11-22-78

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUEST AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

- ### 1. Type of Well

a. Dug ☐ . Bored ☒ . Hole Diam. 30 in. Depth 50 ft.
Curb material ☐ . Buried Slab: Yes ☐ No ☐

b. Driven ☐ . Drive Pipe Diam. ☐ in. Depth ☐ ft.

c. Drilled ☐ . Finished in Drift ☐ . In Rock ☐ .
Tubular ☐ . Gravel Packed ☒ .

d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)

- ## 2. Distance to Nearest:

Building 50⁺ Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 100⁺ Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes No

4. Date well completed 12/1/68

5. Permanent Pump Installed? Yes ___ Date ___ No ✓

Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type _____

7. Pitless Adapter Installed? Yes _____ No ✓

Manufacturer _____ Model Number _____
How attached to casing? _____

8. Well Disinfected? Yes ✓ No

9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____

Location _____

11. Water Sample Submitted? Yes _____ No ✓

REMARKS:

10. Property owner Bill Bandoon Well No.

Address Hillboro Ill

Driller GARY F. NOLL License No. 92-623

11. Permit No. 175217 Date

12. Water from Clay 13. County Montgomery

Formation / Sec 16

14. Sounding Di. _____ in _____ Sec. 8 2 0

Screen: Diam. _____ In. Twp. 6 N
Length: # Slot Box 3 W

Length: _____ ft. Slot: _____ Age: _____
 Flap: _____

Elev. ————

--	--	--	--

			0

- ## 15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	Concrete	40	
6	PVC	11	

SHOW
LOCATION IN
SECTION PLAT
NE NE NE

16. Size Hole below casing: _____ in.

17. Static level _____ ft. below casing top which is _____ ft.

above ground level. Pumping level _____ ft. when pumping at _____

gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	clay	50	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED David E. Hall DATE 7-5-78

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO D _ERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 36 in. Depth 34 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☒
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☒
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
concrete	0	10
gravel	10	34

2. Distance to Nearest:

Building ok Ft. Seepage Tile Field ok
Cess Pool ok Sewer (non Cast iron) ok
Privy ok Sewer (Cast iron) ok
Septic Tank ok Barnyard ok
Leaching Pit ok Manure Pile ok

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed July 6, 1979

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐

Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type concrete cap

7. Pitless Adapter Installed? Yes ☐ No ☐

Manufacturer ☐ Model Number ☐

How attached to casing? ☐

8. Well Disinfected? Yes ☒ No ☐

9. Pump and Equipment Disinfected? Yes ☐ No ☐

10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Robert Montgomery Well No. ☐

Address R. R. #2, Hillsboro, IL

Driller Clarence Kohnen License No. 102-30

11. Permit No. 87361 Date July 3, 1979

12. Water from gray gravel 13. County montgomery

at depth 24 to 25 ft. Sec. 6, 11

14. Screen: Diam. ☐ in. Twp. 8n

Length: ☐ ft. Slot ☐ Rge. 3w

Elev. x

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	concrete	0+1	34

SHOW
LOCATION IN
SECTION PLAT
113'N 95'E of
SW/C NE NE NE

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.
above ground level. Pumping level ☐ ft. when pumping at ☐
gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
topsoil brown	1	1
yellow clay	7	8
yellow sandy clay	6	14
gray sandy clay	10	24
gray gravel	1	25
gray sandy clay	9	34

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED ☐ DATE July 6, 1979

White Copy -
Ill. Dept. of Pu. Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☒ Bored ☒ Hole Diam. 4 1/2 in. Depth 31 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 30 Ft. Seepage Tile Field 100
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 100 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 6-5-78

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location

Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number

How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

10. Property owner Long Company Well No.

Address 2111 Adams

Driller Bushy License No. 92-471

11. Permit No. 74143 Date 5-10-78

12. Water from gravel 13. County Montgomery

at depth 12 to 16 ft. Sec. 6

14. Screen: Diam. in. Twp. 8N

Length: ft. Slot Rge. 3W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>31</u>

SHOW
LOCATION IN
SECTION PLAT
SE SE NE

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>clay</u>	<u>12</u>	<u>12</u>
<u>gravelly clay mixed</u>	<u>4</u>	<u>16</u>
<u>hardpan</u>	<u>15</u>	<u>31</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Lynne Bushy DATE 6-5-78

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well
- a. Dug _____. Bored ☒. Hole Diam. 30 in. Depth 32 ft.
Curb material _____. Buried Slab: Yes _____ No _____
- b. Driven _____. Drive Pipe Diam. _____ in. Depth _____ ft.
- c. Drilled _____. Finished in Drift _____. In Rock _____.
Tubular _____. Gravel Packed ☒.
- d. Grout: _____

(KIND)	FROM (Pt.)	TO (Pt.)

2. Distance to Nearest:
Building 75+ Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 100+ Barnyard _____
Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes ☒ No _____
4. Date well completed _____
5. Permanent Pump Installed? Yes _____ Date _____ No ☒
Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.
6. Well Top Sealed? Yes ☒ No _____ Type _____
7. Pitless Adapter Installed? Yes _____ No ☒
Manufacturer _____ Model Number _____
How attached to casing? _____
8. Well Disinfected? Yes ☒ No _____
9. Pump and Equipment Disinfected? Yes _____ No _____
10. Pressure Tank Size _____ gal. Type _____
Location _____
11. Water Sample Submitted? Yes _____ No ☒
- REMARKS:

REMARKS:

10. Property owner John Rambo Well No. _____
Address Hillboro FL
Driller Carl Wilcox License No. 92-416
11. Permit No. 42557 Date _____
12. Water from clay 13. County Montgomery
Formation
at depth _____ to _____ ft.
14. Screen: Diam. _____ in.
Length: _____ ft. Slot _____
Sec. 6
Twp. 8N
Rge. 3W
Elev. _____

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	concrete	33	

SHOW
LOCATION IN
SECTION PLAT
NENW NW

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	clay	32	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Mary E. Hall DATE 1-13-76

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT**

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

a. Dug . Bored ✓. Hole Diam. 30 in. Depth 32 ft.
Curb material . Buried Slab: Yes No

b. Driven . Drive Pipe Diam. in. Depth ft.

c. Drilled . Finished in Drift . In Rock .
Tubular . Gravel Packed ✓.

d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 18 Ft. Seepage Tile Field 85
Cess Pool No Sewer (non Cast iron) _____
Privy No Sewer (Cast iron) _____
Septic Tank 70 Barnyard _____
Leaching Pit No Manure Pile _____

3. Is water from this well to be used for human consumption?
Yes ☒ No ☐

4. Date well completed

5. Permanent Pump Installed? Yes _____ No ✓
 Manufacturer _____ Type _____
 Capacity _____ gpm. Depth of setting _____ ft.

6. Well Top Sealed? Yes ✓ No

7. Pitless Adaptor Installed? Yes _____ No ✓

8. Well Disinfected? Yes ✓ No

9. Water Sample Submitted? Yes ✓ No

REMARKS:

IDPH 4.065
10/68

10. Property owner Myron Bullard Well No. _____

Address Wanda Lewis

Driller Ray L. Schermer License No. 92472

11. Permit No. NE 13416 Date

12. Water from Chlor 13. County Winn

at depth _____ to _____ ft. Sec. 8.22

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14. Screen: Diam. _____ in. Twp. 2N

Length: ft. Slot Rge. 30

Elev. _____

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
30	Concrete	33	

SHOW
LOCATION IN
SECTION PLAT

NW NE SE

16. Size Hole below casing: _____ in.

17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	Clay	32	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Gust B. Kemmure DATE 4-17-72

Grand Well Ruler.

LOG OF WATER WELL

Property owner Don McDavid Well No. 1

Drilled by E. C. Baker & Sons, Inc. Year 1966

Formations passed through	Thick- ness	Depth of Bottom
Soil & Yellow Clay, Sandy	19'	19'
Dirty Sand & Clay	12'	31'
Dirty Yellow Packed Sand & Gravel	10'	41'
Blue Packed Gravel	30'	71'
Sand & Gravel - water & gas	2'	73'
Blue Clay	29'	102'
Soft Sandy Brown Clay - gas	5'	107'
Green Clay	47'	154'
Dark Shale	5'	159'

[Continue on back if necessary]

Finished in _____ at _____ to _____ ft.

Cased with _____ inch _____ from 0 to _____ ft.

and _____ inch _____ from _____ to _____ ft.

Size hole below casing _____ inch. Static level from surf. _____ ft.

Tested capacity _____ gal. per min. Temperature _____ °F.

Water lowered to _____ ft. _____ in. in _____ hrs. _____ min.

Length of test _____ hrs. _____ min. Screen _____

Slot _____ Diam. _____ Length _____ Bottom set at _____ ft.

[Show location in Section Plat]

Township name East Fork Elev. _____ Sec. 9.2e

Description of location 945° W. & 2340° S. Twp. 8 N.

of N.E. Corner of Sec. 9 Rge. 3 W.

Signed A. L. & L. T. Baker County Montgomery

Copy for Illinois State Water Survey Index:

LOG OF WATER WELL

Property owner Dan McDevid Well No. 2

Drilled by E. C. Baker & Sons, Inc. Year 1966

Formations passed through	Thick- ness	Depth of Bottom
<u>Soil, Yellow Clay</u>	<u>7"</u>	<u>7"</u>
<u>Blue Clay</u>	<u>14"</u>	<u>21"</u>
<u>Soft & Sandy Blue Clay</u>	<u>7"</u>	<u>28"</u>
<u>Packed Sand & Gravel</u>	<u>16.5"</u>	<u>44.5"</u>
<u>Gravel</u>	<u>2.5"</u>	<u>47"</u>
<u>Gray Sandy Clay</u>	<u>36"</u>	<u>83"</u>

[Continue on back if necessary]

Finished in _____ at _____ to _____ ft.

Cased with _____ inch _____ from 0 to _____ ft.

and _____ inch _____ from _____ to _____ ft.

Size hole below casing _____ inch. Static level from surf. _____ ft.

Tested capacity _____ gal. per min. Temperature _____ °F.

Water lowered to _____ ft. _____ in. in _____ hrs. _____ min.

Length of test _____ hrs. _____ min. Screen _____

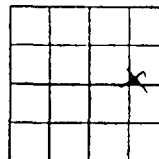
Slot _____ Diam. _____ Length _____ Bottom set at _____ ft.

[Show location in Section Plat]

Township name East Rock Elev. _____

Description of location 1300' W. & 2600' S.

of N.E. Corner of Sec. 9



Sec. 9

Twp. 8 N

Rge. 3 W

Signed A. L. & L. T. Baker County Montgomery

Copy for Illinois State Water Survey

Index:

FILL IN ALL PERTINENT INFORMATION REQUEST AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

a. Dug . Bored ✓. Hole Diam. 30 in. Depth 18 ft.
Curb material . Buried Slab: Yes No

b. Driven . Drive Pipe Diam. in. Depth ft.

c. Drilled . Finished in Drift . In Rock .
Tubular . Gravel Packed ✓.

d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building _____ Ft. Seepage Tile Field _____
 Cess Pool _____ Sewer (non Cast iron) _____
 Privy _____ Sewer (Cast iron) _____
 Septic Tank _____ Barnyard _____
 Leaching Pit _____ Manure Pile _____

3. Is water from this well to be used for human consumption?
Yes / No

4. Date well completed _____

5. Permanent Pump Installed? Yes _____ No ☒

Manufacturer _____ Type _____

Capacity _____ gpm. Depth of setting _____ ft.

6. Well Top Sealed? Yes ✓ No

7. Pitless Adaptor Installed? Yes No ✓

8. Well Disinfected? Yes No

9. Water Sample Submitted? Yes _____ No ☒

REMARKS:

No Buildings

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Frederick J. Carter Well No.

Address Williamson Rd

Driller Geoff B. Bennett License No. 92 472

11. Permit No. NA-083431 Date

12. Water from House 13. County Montgomery

Formation	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
-----------	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

at depth _____ to _____ ft. Sec. 7.08

14. Screen: Diam. _____ in. Twp. 3 N

Length: _____ ft. Slot _____ Rge. 214

15. Color and Line Diagram Elev. _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	Concrete	18	1

**SHOW
LOCATION IN
SECTION PLAT**

NW NW SW

16. Size Hole below casing: _____ in.

17. Static level 8 ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM.
	Clay	8	
	Sand	10	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Geert Bekmeijer DATE 6-5-70

LOG OF WATER WELL

Property owner Don McDavid Well No. 1

Drilled by E. C. Baker & Sons, Inc. Year 1966

Formations passed through	Thick- ness	Depth of Bottom
<u>Yellow Horizon</u>	<u>8"</u>	<u>8"</u>
<u>Blue Horizon</u>	<u>65"</u>	<u>73"</u>
<u>Blue Clay</u>	<u>21"</u>	<u>94"</u>
<u>Green Sandy Shale</u>	<u>21"</u>	<u>115"</u>
<u>Sandstone</u>	<u>35"</u>	<u>150"</u>
<u>Shale</u>	<u>3"</u>	<u>153"</u>

[Continue on back if necessary]

Finished in Sandstone at 115 to 150 ft.

Cased with 6 1/2 inch I.D. casing from 0 to 115 ft.

and _____ inch _____ from _____ to _____ ft.

Size hole below casing 6 inch. Static level from surf. _____ ft.

Tested capacity 5 gal. per min. Temperature _____ °F.

Water lowered to 84 ft. in. in 60 hrs. min.

Length of test 60 hrs. min. Screen _____

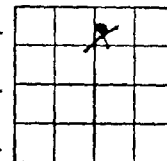
Slot _____ Diam. _____ Length _____ Bottom set at _____ ft.

[Show location in Section Plat]

Township name East Fork Elev. _____

Description of location 700' S. & 2600' W.

of N.E. Corner of Sec. 4



Sec. 4

Twp. 8 N.

Rge. 3 W.

Signed E. C. Baker County Montgomery

Copy for Illinois State Water Survey Index:

#19

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

- ### 1. Type of Well

a. Dug . Bored . Hole Diam. 30 in. Depth 31 ft.
Curb material . Buried Slab: Yes No

b. Driven . Drive Pipe Diam. in. Depth ft.

c. Drilled . Finished in Drift . In Rock .
Tubular . Gravel Packed .

d. Grout:

(KIND)	FROM (Pt.)	TO (Pt.)

- ## 2. Distance to Nearest:

Building NO Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank NO Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes ☒ No ☐
4. Date well completed _____
5. Permanent Pump Installed? Yes _____ Date _____ No ☒
Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.
6. Well Top Sealed? Yes ☒ No ☐ Type _____
7. Pitless Adapter Installed? Yes _____ No ☒
Manufacturer _____ Model Number _____
How attached to casing? _____
8. Well Disinfected? Yes _____ No _____
9. Pump and Equipment Disinfected? Yes _____ No _____
10. Pressure Tank Size _____ gal. Type _____
Location _____
11. Water Sample Submitted? Yes _____ No ☒
REMARKS:

REMARKS:

10. Property owner Don F. Hall Well No. _____
Address 1111 1/2 Ave. S.E.
Driller Don F. Hall License No. 2-123
11. Permit No. 15-1912 Date _____
12. Water from C.P.M. 13. County Montgomery
Formation _____
at depth _____ to _____ ft.
14. Screen: Diam. _____ in.
Length: _____ ft. Slot _____
Sec. 341a
Twp. 9N
Rge. 4W
Elev. _____

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30"	CONCRETE	27	
12"	PIPE	11	

SHOW
LOCATION IN
SECTION PLAT
SE SE SE

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

[illegible]

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED L. M. [illegible] DATE 11-25-70

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 52 ft.
Curb material l Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank Barnyard
Leaching Pit Manure Pile

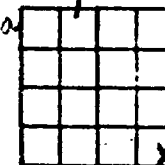
3. Well furnishes water for human consumption? Yes ☒ No ☐
4. Date well completed Oct 3-75
5. Permanent Pump Installed? Yes ☐ Date No ☒
Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.
6. Well Top Sealed? Yes ☒ No ☐ Type
7. Pitless Adapter Installed? Yes ☐ No ☒
Manufacturer Model Number
How attached to casing?
8. Well Disinfected? Yes ☐ No ☒
9. Pump and Equipment Disinfected? Yes ☐ No ☒
10. Pressure Tank Size gal. Type
Location
11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

*new Conest-
no blbys yet-*

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Louis Menefee Well No.
Address Decatur, Ill
Driller Bearby License No. 92-471
11. Permit No. 41712 Date Oct 2
12. Water from gravel 13. County Montgomery
16-18 Formation
at depth 18-30 ft. Sec. 35
14. Screen: Diam. in. Twp. 9N
Length: ft. Slot Rge. 4W
Elev.



SHOW
LOCATION IN
SECTION PLAT
SE SE SE

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6	<i>plastic</i>		10
36	<i>concrete</i>		52

16. Size Hole below casing: in.
17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<i>Clay</i>	16	16
<i>gravelly clay</i>	2	18
<i>hardpan</i>	10	28
<i>gravel</i>	2	30
<i>blue clay</i>	22	52

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Bearby DATE Oct 3-75

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO L ERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☒ Bored ☒ Hole Diam. 44 in. Depth 45 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (FT.)	TO (FT.)

2. Distance to Nearest:

Building 40 Ft. Seepage Tile Field 100
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 100 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 10-22-84

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location

Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number

How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Joseph Simonson Well No.

Address Stamington

Driller License No. 92-607

11. Permit No. 115374 Date 10-17-84

12. Water from gravel 13. County Montgomery

at depth 25 to 26 ft. Sec. 2521

14. Screen: Diam. in. Twp. 2N

Length: ft. Slot Rge. 4W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>45</u>

SHOW
LOCATION IN
SECTION PLAT
NW NE NE

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.

above ground level. Pumping level ft. when pumping at

gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>blue</u>	<u> </u>	<u>12</u>
<u>gray clay</u>	<u> </u>	<u>25</u>
<u>gravel</u>	<u> </u>	<u>26</u>
<u>gray clay</u>	<u> </u>	<u>45</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold Lih DATE 10-22-84

#23

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 41 ft.
Curb material Cone Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 40 Ft. Seepage Tile Field 100
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 100 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed Nov 6 - 75

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number
How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Eugene Davis Well No.
Address Buffalo

Driller Beasley License No. 92-971

11. Permit No. 42667 Date 11/4/75

12. Water from gravel 13. County Macoupin

Formation
at depth 14 to 16 ft. Sec. 26.12

14. Screen: Diam. in. Twp. 2N

Length: ft. Slot Rge. 4W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>Plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>41</u>

SHOW
LOCATION IN
SECTION PLAT
SE SE SE

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u>14</u>	<u>14</u>
<u>Gravel</u>	<u>2</u>	<u>16</u>
<u>hard pan</u>	<u>25</u>	<u>41</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Davis DATE 11/6/79

#24

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☒ Bored ☒ Hole Diam. 4 1/2 in. Depth 30 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (FT.)	TO (FT.)

2. Distance to Nearest:

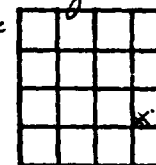
Building 15 Ft. Seepage Tile Field 100
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 100 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐
4. Date well completed 12-26-80
5. Permanent Pump Installed? Yes ☐ Date No ☒
Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.
6. Well Top Sealed? Yes ☒ No ☐ Type
7. Pitless Adapter Installed? Yes ☐ No ☒
Manufacturer Model Number
How attached to casing?
8. Well Disinfected? Yes ☐ No ☒
9. Pump and Equipment Disinfected? Yes ☐ No ☒
10. Pressure Tank Size gal. Type
Location
11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Robert Bandelone Well No.
Address
Driller License No. 92-607
11. Permit No. 97966 Date 12-22-80
12. Water from gravel Formation 13. County Montgomery
at depth 12 to 15 ft. Sec. 29.26
14. Screen: Diam. in. Twp. 9N
Length: ft. Slot Rge. 341
Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>30</u>

SHOW
LOCATION IN
SECTION PLAT
SW NE SE

16. Size Hole below casing: in.
17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u> </u>	<u>12</u>
<u>gravelly sandstone mix</u>	<u> </u>	<u>18</u>
<u>hardpan</u>	<u> </u>	<u>30</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold Lutz DATE 12-26-80

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 44 in. Depth 42 ft.
Curb material concrete Buried Slab: Yes ☐ No ☒
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building ☐ Ft. Seepage Tile Field ☐

Cess Pool ☐ Sewer (non Cast iron) ☐

Privy ☐ Sewer (Cast iron) ☐

Septic Tank ☐ Barnyard ☐

Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 5-4-81

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒
Manufacturer ☐ Type ☐ Location ☐

Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type ☐

7. Pitless Adapter Installed? Yes ☐ No ☒
Manufacturer ☐ Model Number ☐

How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size ☐ gal. Type ☐
Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

new const

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Jim Rapurn Well No. ☐

Address 7111 S. L. Ave.

Driller Jim Rapurn License No. 92-607

11. Permit No. 99466 Date 4-29-81

12. Water from Gravel 13. County Montgomery
12-13 Formation
at depth 24 to 25 ft.

14. Screen: Diam. ☐ in. Sec. 2938

Length: ☐ ft. Slot ☐ Twp. 9N

Elev. ☐ Rge. 3W

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>		<u>10</u>
<u>36</u>	<u>concrete</u>		<u>72</u>

SHOW
LOCATION IN
SECTION PLAT
NE SW SC

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.
above ground level. Pumping level ☐ ft. when pumping at ☐
gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>		<u>12</u>
<u>gravel</u>		<u>13</u>
<u>hardpan</u>		<u>24</u>
<u>gravel</u>		<u>25</u>
<u>gray clay</u>		<u>42</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Shirley L. L. DATE 5-4-81

White C.
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ____ Bored ____ Hole Diam. ____ in. Depth ____ ft.
Curb material ____ Buried Slab: Yes ____ No ____
- b. Driven ____ Drive Pipe Diam. ____ in. Depth ____ ft.
- c. Drilled ____ Finished in Drift ____ In Rock ____
Tubular ____ Gravel Packed ____
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building ____ Ft. Seepage Tile Field ____
Cess Pool ____ Sewer (non Cast iron) ____
Privy ____ Sewer (Cast iron) ____
Septic Tank ____ Barnyard ____
Leaching Pit ____ Manure Pile ____

3. Well furnishes water for human consumption? Yes ____ No ____
4. Date well completed ____
5. Permanent Pump Installed? Yes ____ Date ____ No ____
Manufacturer ____ Type ____ Location ____
Capacity ____ gpm. Depth of Setting ____ Ft.
6. Well Top Sealed? Yes ____ No ____ Type ____
7. Pitless Adapter Installed? Yes ____ No ____
Manufacturer ____ Model Number ____
How attached to casing? ____
8. Well Disinfected? Yes ____ No ____
9. Pump and Equipment Disinfected? Yes ____ No ____
10. Pressure Tank Size ____ gal. Type ____
Location ____
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner John P. Hill Well No. ____

Address Hillboro

Driller GARY E. NELL License No. 83-62

11. Permit No. 89703 Date ____

12. Water from ____ 13. County Montgomery

Formation

at depth ____ to ____ ft. Sec. 25

14. Screen: Diam. ____ in. Twp. SN

Length: ____ ft. Slot ____ Rge. 3W

Elev. ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)

SHOW
LOCATION IN
SECTION PLAT
SW SW SE

16. Size Hole below casing: ____ in.
17. Static level ____ ft. below casing top which is ____ ft.
above ground level. Pumping level ____ ft. when pumping at ____
gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED GARY E. NELL DATE 11-20-78

#27

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 50 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed Mar 10-76

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number
How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type
Location

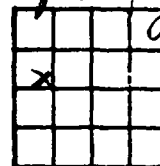
11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

IDPH 4.065
1/74 - KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Ron Boyd Well No.
Address
Driller Burby License No. 22-471
11. Permit No. 45132 Date Mar 5-76
12. Water from granular clay 13. County Montgomery
at depth 14 to 16 ft. Sec. 29
14. Screen: Diam. in. Twp. 9N
Length: ft. Slot Rge. 3W
Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>50</u>

SHOW
LOCATION IN
SECTION PLAT

SE SW NW

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>clay</u>	<u>0</u>	<u>14</u>
<u>gravelly clay</u>	<u>2</u>	<u>16</u>
<u>hard pan</u>	<u>22</u>	<u>38</u>
<u>blue clay</u>	<u>12</u>	<u>50</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Burby DATE Mar 10-1976

#28

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 62 ft.
Curb material none Buried Slab: Yes ☐ No ☒
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building ☐ Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank ☐ Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 10/25/79

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐
Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type ☐

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer ☐ Model Number ☐
How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

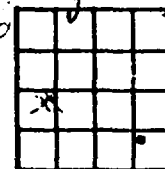
11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

new const.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Raymond Bell Well No.
Address
Driller Beasley License No. 92-421
11. Permit No. 706511 Date 10/18/79
12. Water from sand Formation
at depth 42 to 62 ft. Sec. 3070
14. Screen: Diam. ☐ in. Twp. 9N
Length: ☐ ft. Slot ☐ Rge. 3W
Elev. ☐



SHOW
LOCATION IN
SECTION PLAT
NE NW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>		<u>10</u>
<u>36</u>	<u>concrete</u>		<u>62</u>

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.
above ground level. Pumping level ☐ ft. when pumping at ☐
gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Cl.</u>		<u>12</u>
<u>gravel & sand mix</u>		<u>62</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Regene Beasley DATE 10/25/79

INSTRUCTIONS TO DRILLERS

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 60 ft.
Curb material concrete Buried Slab: Yes ☐ No ☒
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐4. Date well completed 7-7-815. Permanent Pump Installed? Yes ☐ Date No ☒Manufacturer Type Location Capacity gpm. Depth of Setting Ft.6. Well Top Sealed? Yes ☒ No ☐ Type 7. Pitless Adapter Installed? Yes ☐ No ☒Manufacturer Model Number How attached to casing? 8. Well Disinfected? Yes ☐ No ☒9. Pump and Equipment Disinfected? Yes ☐ No ☒10. Pressure Tank Size gal. Type Location 11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

new const.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner M. J. Jankowski Well No. Address Driller License No. 92-60711. Permit No. 100386 Date 7-2-8112. Water from Formation 13. County Montgomeryat depth 18 to 21 ft. Sec. 3014. Screen: Diam. in. Twp. 2NLength: ft. Slot Rge. 3WElev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>60</u>

SHOW
LOCATION IN
SECTION PLAT

SW NW NW

16. Size Hole below casing: in.17. Static level ft. below casing top which is ft.above ground level. Pumping level ft. when pumping at gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u> </u>	<u>18</u>
<u>sand</u>	<u> </u>	<u>21</u>
<u>gray clay</u>	<u> </u>	<u>60</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold L. L. DATE 7-7-81

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

- ### 1. Type of Well

a. Dug ☐ Bored ☒ Hole Diam. 36 in. Depth 19 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☐

b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.

c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☒

d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building NO Ft. Seepage Tile Field NO
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank NO Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Is water from this well to be used for human consumption?
 Yes — No


4. Date well completed _____
5. Permanent Pump Installed? Yes _____ No ☒
- Manufacturer _____ Type _____
- Capacity _____ gpm. Depth of setting _____ ft

6. Well Top Sealed? Yes No
7. Pitless Adaptor Installed? Yes No
8. Well Disinfected? Yes No
9. Water Sample Submitted? Yes No

REMARKS:

IDPH 4.065
10-72
KNE-1

10. Property owner Mr. Paul Johnson Well No. _____
Address Millbrook F.L.L.
Driller Garret Beckenmeyer License No. 92-472
11. Permit No. WF 19723 Date _____
12. Water from Reinforced 13. County Montgomery
Formation
at depth _____ to _____ ft. Sec. 31
14. Screen: Diam. _____ in. Twp. 9N
Length: _____ ft. Slot _____ Rge. 3W
Elev. _____



- ## 15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	concrete.	20	

SHOW
LOCATION IN
SECTION PLAT
S W A E N G

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	Clay	10	10
	Sand	3	13
	Clay	6	19

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Henry E. Holt DATE 10/22/73
Hornet Week Drilling

#31

#32

INSTRUCTIONS TO DRILLERS

White Copy -
Ill. Dep. of P. Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 36 in. Depth 32 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☒
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☒
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
concrete	0	10
gravel	10	32

2. Distance to Nearest:

Building ok Ft. Seepage Tile Field ok
Cess Pool ok Sewer (non Cast iron) ok
Privy ok Sewer (Cast iron) ok
Septic Tank ok Barnyard ok
Leaching Pit ok Manure Pile ok

3. Well furnishes water for human consumption? Yes ☒ No ☐4. Date well completed 8-31-795. Permanent Pump Installed? Yes ☒ Date 8-28-79 No ☐

Manufacturer Weber Ind. Type sub Location in well
Capacity 10 gpm. Depth of Setting 30 Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type concrete cap7. Pitless Adapter Installed? Yes ☐ No ☐

Manufacturer ☐ Model Number ☐

How attached to casing? ☐8. Well Disinfected? Yes ☒ No ☐9. Pump and Equipment Disinfected? Yes ☒ No ☐10. Pressure Tank Size 30 gal. Type contained airLocation in well11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

10. Property owner Noelan Toberman Well No. ☐Address R. R. #2, Hillsboro, ILDriller Clarence Kohlen License No. 102-3011. Permit No. 88707 Date 8-15-7912. Water from sand & gravel 13. County montgomeryFormation at depth 24 to 32 ft. Sec. 3114. Screen: Diam. ☐ in. Twp. 9nLength: ☐ ft. Slot ☐ Rge. 3wElev. X

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	concrete	0+1	32

SHOW
LOCATION IN
SECTION PLAT
1395 116 E 9 NW 1/4 SW SE SW

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.
above ground level. Pumping level ☐ ft. when pumping at ☐
gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
topsoil	1	1
yellow clay	6	7
yellow sandy clay	15	22
yellow sand & gravel	10	32

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Clarence Kohlen DATE 8-31-79

File Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL OR DELIVER TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 555 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dig ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 40 ft.
Casing material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (FT.)	TO (FT.)

2. Distance to Nearest:

- Building ☐ Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank ☐ Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed Apr 3 - 76

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

- Manufacturer ☐ Type ☐ Location ☐
Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type ☐

7. Pitless Adapter Installed? Yes ☐ No ☒

- Manufacturer ☐ Model Number ☐
How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size ☐ gal. Type ☐

- Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

new const. no billy yet -

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner W. J. Blumhagen Well No. ☐

Address Whitcomb, Ill.

Driller Beasley License No. 92-477

11. Permit No. 175303 Date Mar 16 - 76

12. Water from gravel 13. County Winnebago

at depth 12 to 16 ft. Sec. 32

14. Screen: Diam. ☐ in. Twp. 9N

Length: ☐ ft. Slot ☐ Rge. 36W

Elev. ☐

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>		<u>10</u>
<u>3 1/2</u>	<u>concrete</u>		<u>40</u>

SHOW
LOCATION IN
SECTION PLAT
SE NE SE

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.

above ground level. Pumping level ☐ ft. when pumping at

gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>		<u>12</u>
<u>gravel</u>		<u>16</u>
<u>hard pan</u>		<u>33</u>
<u>blue clay</u>		<u>40</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Beasley DATE Apr 3 - 76

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

a. Dug . Bored ✓. Hole Diam. 30 in. Depth 24 ft.
Curb material . Buried Slab: Yes No

b. Driven . Drive Pipe Diam. in. Depth ft.

c. Drilled . Finished in Drift . In Rock .
Tubular . Gravel Packed ✓.

d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest: ,

Building 30 Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 100 Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes ☒ No ☐
4. Date well completed _____
5. Permanent Pump Installed? Yes _____ Date _____ No ☒
Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.
6. Well Top Sealed? Yes ☒ No ☐ Type _____
7. Pitless Adapter Installed? Yes _____ No ☒
Manufacturer _____ Model Number _____
How attached to casing? _____
8. Well Disinfected? Yes ☒ No ☐
9. Pump and Equipment Disinfected? Yes _____ No _____
10. Pressure Tank Size _____ gal. Type _____
Location _____
11. Water Sample Submitted? Yes _____ No ☒

REMARKS:

10. Property owner Garry Dahlen Well No. _____
Address Hillboro ILL
Driller GARY E. NOLL License No. 92-623

11. Permit No. 176719 Date

12. Water from SAND 13. County Montsomer

at depth _____ to _____ ft. Sec. 3234

14. Screen: Diam. _____ in. Twp. 94

Length: _____ ft. Slot _____ Rge. 36

Elev. _____

15. Casing and Liner Pipe		2004			

Diam. (in.)	Kind and Weight	From (ft.)	To (ft.)	SHOW
-------------	-----------------	------------	----------	------

Diem. (in.)	Kind and weight	From (ft.)	To (ft.)	LOCATION IN SECTION PLANT
30	Concrete.	14		SW 1/4 NE SW 1/4
16"	Pvc.	11		

SHOW
LOCATION IN
SECTION PLAT
~~SW 1/4~~
1/2 SW 1/4

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	CLAY	14	
	SAND	10	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED W. E. McCall DATE 8-28-78

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 44 in. Depth 27 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 40 Ft. Seepage Tile Field 150
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 150 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 9-22-83

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number
How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Dan Murray Well No.

Address Spring

Driller License No. 92-607

11. Permit No. 1093198 Date 9-13-83

12. Water from 13. County Montgomery

Formation

at depth to ft. Sec. 32

14. Screen: Diam. in. Twp. 9N

Length: ft. Slot Rge. 3141

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>27</u>

SHOW
LOCATION IN
SECTION PLAT
NE SE NW

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.

above ground level. Pumping level ft. when pumping at

gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>clay</u>	<u> </u>	<u>9</u>
<u>sand & gravel</u>	<u> </u>	<u>26</u>
<u>gray clay</u>	<u> </u>	<u>27</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED John L. L. DATE 9-22-83

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO RILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 44 in. Depth 8.5 ft.
Curb material concrete Buried Slab: Yes ☐ No ☒
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 30 Ft. Seepage Tile Field 100
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 80 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 8-21-80

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number
How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner P. J. Richmond Well No.

Address Hilltop

Driller Frank License No. 92-607

11. Permit No. 95604 Date 8-18-80

12. Water from gravel Formation 13. County Franklin

at depth 74 to 76 ft. Sec. 33.30

14. Screen: Diam. in. Twp. 9N

Length: ft. Slot Rge. 3W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind, and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>galvanneal</u>		<u>10</u>
<u>36</u>	<u>concrete</u>		<u>8.5</u>

SHOW
LOCATION IN
SECTION PLAT
SE 3W SE

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft. above ground level. Pumping level ft. when pumping at gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>		<u>15</u>
<u>gravel</u>		<u>21</u>
<u>hardpan</u>		<u>74</u>
<u>gravel</u>		<u>76</u>
<u>blue clay</u>		<u>85</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold L. L. DATE 8-20-80

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION. REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 30 in. Depth 29 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☐
- b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☒
- d. Grout: ☐ ☐ ☐ ☐

(KIND)	FROM (Fl.)	TO (Fl.)

2. Distance to Nearest:

Building NO Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank NO Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes L No _____
4. Date well completed _____
5. Permanent Pump Installed? Yes _____ Date _____ No L
Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.
6. Well Top Sealed? Yes ✓ No _____ Type _____
7. Pitless Adapter Installed? Yes _____ No L
Manufacturer _____ Model Number _____
How attached to casing? _____
8. Well Disinfected? Yes L No _____
9. Pump and Equipment Disinfected? Yes _____ No _____
10. Pressure Tank Size _____ gal. Type _____
Location _____
11. Water Sample Submitted? Yes _____ No L

REMARKS:

10. Property owner Frank Van Curen Well No. _____
Address Trining Hill
Driller Gary E. Hall License No. 92-625
11. Permit No. 90134 Date _____
12. Water from CLAY Formation
at depth _____ to _____ ft.
13. County Montgomery
Sec. 33.4N
Twp. 9N
Rge. 5W
Elev. _____
14. Screen: Diam. _____ in.
Length: _____ ft. Slot _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	concrete	30	

SHOW
LOCATION IN
SECTION PLAT
NW NW NE

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	c.lany	29	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED

DATE _____

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 44 in. Depth 40 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed Oct 17 - 75

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location

Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number

How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

*new casing
no hddy*

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Angel Bateman Well No.

Address Shillshane

Driller Bushy License No. 92471

11. Permit No. 41899 Date Oct 8 - 75

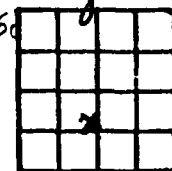
12. Water from gravel 13. County Montgomery

at depth 18 to 20 ft. Sec. 33

14. Screen: Diam. in. Twp. 9N

Length: ft. Slot Rge. 3W

Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>40</u>

SHOW
LOCATION IN
SECTION PLAT
SE NE SW

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.

above ground level. Pumping level ft. when pumping at

gpm for hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	<u>Clay</u>	<u>18</u>	<u>18</u>
	<u>gravel</u>	<u>2</u>	<u>20</u>
	<u>hardpan</u>	<u>20</u>	<u>40</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Bushy DATE Oct 17 - 75

City Irving County Montgomery
Section NENW 32 Twp. No. 9N Range 3W
Location (in feet from section corner) 1650' N 2310' East
Owner C Dammann Authority C Dammann
Contractor _____ Address Irving TFD
Date drilled 1911 Elev. above sea level top of well _____
Depth 28'
Log 8' Clay Sand & Gravel 20' Had to
brist. casing & weight it as it was dug.
Were drill cuttings saved _____ Where filed _____
Size hole 5' If reduced, where and how much _____
Casing record Brick Cement Top
Distance to water when not pumping 20' Distance to water is _____
feet after pumping at _____ G. P. M. for _____ hours.
Reference point for above measurements Top of well
Type of pump Suction Distance to cylinder 4
Length of cylinder 12" Length of suction pipe below cylinder 22'
Length stroke 6" 58 Speed _____
Hours used per day _____ Type of power _____
Rating of motor _____ Rating of pump in G. P. M. _____
Can following be measured: (1) Static water level yes
(2) Pumping level yes (3) Discharge yes
(4) Influence on other wells no
Temperature of water _____ Was water sample collected _____
Date 1/2/34 Effect of water on meters, hot water
coils, etc. No Sediment in Kettle No Odor
Date of Analysis _____ Analysis No. _____
Recorder W J Haywood
Date _____

City Spring County Montgomery

Section SE NE 32 Twp. No. 9 N Range 3 W

Location (in feet from section corner) 150' W 1320 S

Owner Ed Damman Authority Ed Damman

Contractor _____ Address _____

Date drilled _____ Elev. above sea level top of well _____

Depth 18'

Log not recorded

Were drill cuttings saved yes Where filed _____

Size hole 4" If reduced, where and how much _____

Casing record brick

Distance to water when not pumping _____ Distance to water is _____

feet after pumping at _____ G. P. M. for _____ hours.

Reference point for above measurements _____

Type of pump suction Distance to cylinder 4'

Length of cylinder 12' Length of suction pipe below cylinder 13'

Length stroke 16" Speed _____

Hours used per day _____ Type of power _____

Rating of motor _____ Rating of pump in G. P. M. _____

Can following be measured: (1) Static water level yes

(2) Pumping level yes (8) Discharge yes

(4) Influence on other wells none

Temperature of water _____ Was water sample collected _____

Date 1/2/34 Effect of water on meters, hot water

coils, etc. no odor

Date of Analysis _____ Analysis No. _____

Recorder W J Haywood

Date _____

City Livingston County Montgomery
Section NESW 32 Twp. No. 9N Range 3W
Location (in feet from section corner) 2280' E 2550' S
Owner John V A Heirs Authority A J M Hayward (Rental)
Contractor _____ Address _____
Date drilled over 50 years Elev. above sea level top of well _____
Depth 46'
Log Not known

Were drill cuttings saved _____ Where filed _____
Size hole 5' If reduced, where and how much _____
Casing record Brick Cement Top
Distance to water when not pumping 40' Distance to water is _____
feet after pumping at _____ G. P. M. for _____ hours.
Reference point for above measurements Top of Well
Type of pump suction Distance to cylinder _____
Length of cylinder 12" Length of suction pipe below cylinder 15"
Length stroke 6" Speed _____
Hours used per day _____ Type of power _____
Rating of motor _____ Rating of pump in G. P. M. _____
Can following be measured: (1) Static water level Yes
(2) Pumping level Yes (3) Discharge Yes
(4) Influence on other wells None
Temperature of water _____ Was water sample collected _____
Date 1/2/34 Effect of water on meters, hot water coils, etc. _____

Date of Analysis _____ Analysis No. _____
Recorder W J Hayward
Date _____

165
2807-193901' 12
165
25
2680
82.5
330
2260
125598

#44

City Trinity County Montgomery

Section SW NE 1/4 38 Twp. No. 9 N Range 3 W

Location (in feet from section corner) 2000' N 1300 W

Owner John Lips Authority County Clerk

Contractor _____ Address _____

Date drilled 50 years or over Elev. above sea level top of well _____

Depth 20'

Log not known

Were drill cuttings saved _____ Where filed _____

Size hole 4' If reduced, where and how much _____

Casing record Brick Cement Tap

Distance to water when not pumping 14' Distance to water is _____

feet after pumping at _____ G. P. M. for _____ hours.

Reference point for above measurements Top of well

Type of pump Suction Distance to cylinder 4'

Length of cylinder 12" Length of suction pipe below cylinder 15'

Length stroke 6" Speed _____

Hours used per day _____ Type of power _____

Rating of motor _____ Rating of pump in G. P. M. _____

Can following be measured: (1) Static water level yes

(2) Pumping level yes (3) Discharge yes

(4) Influence on other wells none

Temperature of water _____ Was water sample collected _____

Date 1/2/34 Effect of water on meters, hot water

coils, etc. Leaves little sediment of lime in Kettle. No color

Date of Analysis _____ Analysis No. _____

Recorder W J Haywood

Date _____

City Jewing County Montgomery
Section NESW 33 Twp. No. 9N Range 3W
Location (in feet from section corner) 1500 W 550' N
Owner Joe Legendon Authority _____
Contractor _____ Address _____
Date drilled 1929 Elev. above sea level top of well _____
Depth 14'
Log 7' clay 7' clay + sand

Were drill cuttings saved _____ Where filed _____
Size hole 4' If reduced, where and how much _____
Casing record Brick Concrete Top
Distance to water when not pumping 8' Distance to water is _____
feet after pumping at _____ G. P. M. for _____ hours.
Reference point for above measurements Top of Well
Type of pump Suction Distance to cylinder 4'
Length of cylinder 12' Length of suction pipe below cylinder 9'
Length stroke 6" Speed _____
Hours used per day _____ Type of power _____
Rating of motor _____ Rating of pump in G. P. M. _____
Can following be measured: (1) Static water level yes
(2) Pumping level yes (3) Discharge yes
(4) Influence on other wells none
Temperature of water _____ Was water sample collected _____

Date 1/2/34 Effect of water on meters, hot water coils, etc. Leaves sediment of lime in Tea Kettle No Odor
Date of Analysis _____ Analysis No. 669
Recorder W J Hayward 52
Date _____

City Hillsboro County Montgomery
Section 51 Twp. No. 9N Range 3W
Location (in feet from section ^{center} corner) 330' N + 330' E of Center of section
Owner Glenn Heins Authority _____
Contractor _____ Address _____
Date drilled _____ Elev. above sea level top of well _____
Depth 210' - plugged oil well
Log Penn sandstone. 130' - 210

Were drill cuttings saved _____ Where filed _____

Size hole _____ If reduced, where and how much _____

Casing record Cased to 95' -

Distance to water when not pumping 40' Distance to water is _____

feet after pumping at _____ G. P. M. for _____ hours.

Reference point for above measurements _____

Type of pump _____ Distance to cylinder _____

Length of cylinder _____ Length of suction pipe below cylinder _____

Length stroke _____ Speed _____

Hours used per day _____ Type of power _____

Rating of motor _____ Rating of pump in G. P. M. Bailer Sample -

Can following be measured: (1) Static water level Bailed for one hour at 25 gpm -
Drew down to about 110' -
(2) Pumping level _____ (3) Discharge _____

(4) Influence on other wells _____

Temperature of water _____ Was water sample collected _____

Date _____ Effect of water on meters, hot water

coils, etc. _____

Date of Analysis _____ Analysis No. 135462

Recorder NJS

Date 8-2-56

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DR 'RS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT**

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well
- a. Dug ☐. Bored ☒. Hole Diam. 30 in. Depth 39 ft.
Curb material ☐. Buried Slab: Yes ☐ No ☐
- b. Driven ☐. Drive Pipe Diam. ☐ in. Depth ☐ ft.
- c. Drilled ☐. Finished in Drift ☐. In Rock ☐.
Tubular ☐. Gravel Packed ☒.
- d. Grout: ☐

(KIND)	FROM (Fl.)	TO (Fl.)

2. Distance to Nearest:
Building No Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank No Barnyard _____
Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes ☒ No ☐
4. Date well completed _____
5. Permanent Pump Installed? Yes _____ Date _____ No ☒
Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.
6. Well Top Sealed? Yes ☒ No ☐ Type _____
7. Pitless Adapter Installed? Yes _____ No ☒
Manufacturer _____ Model Number _____
How attached to casing? _____
8. Well Disinfected? Yes ☒ No ☐
9. Pump and Equipment Disinfected? Yes _____ No _____
10. Pressure Tank Size _____ gal. Type _____
Location _____
11. Water Sample Submitted? Yes _____ No ☒

REMARKS:

10. Property owner Kenneth Lewey Well No. _____
Address Hillboro FL
Driller GARY E. NOLL License No. 92-623
11. Permit No. 110790 Date _____
12. Water from Clay Formation
at depth _____ to _____ ft.
13. County Montgomery
Sec. 35a
14. Screen: Diam. _____ in.
Length: _____ ft. Slot _____
Twp. 8N
Rge. 4W
Elev. _____

Dist. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	concrete.	40	

SHOW
LOCATION IN
SECTION PLAT
NE NE SW

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	Clay	39	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED

DATE _____

5.22.84

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 42 in. Depth 23 ft.
Curb material Cone Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (FT.)	TO (FT.)

2. Distance to Nearest:

Building ☐ Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank ☐ Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Is water from this well to be used for human consumption?

Yes ☒ No ☐

4. Date well completed Sept Oct 1 - 74

5. Permanent Pump Installed? Yes ☐ No ☒

Manufacturer ☐ Type ☐
Capacity ☐ gpm. Depth of setting ☐ ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☒

8. Well Disinfected? Yes ☐ No ☒

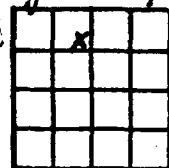
9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Cecil Hunt Well No. ☐
Address Hillbore, Ill.
Driller Beasley License No. 92-471
11. Permit No. 33309 Date Sept-24
12. Water from sand Formation 13. County Montgomery
at depth 25 to 33 ft. Sec. 15.5a
14. Screen: Diam. ☐ in. Twp. 8N
Length: ☐ ft. Slot ☐ Rge. 4W
Elev. ☐



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>Cone</u>	<u> </u>	<u>33</u>

SHOW
LOCATION IN
SECTION PLAT
SENE NW

16. Size Hole below casing: ☐ in.
17. Static level ☐ ft. below casing top which is ☐ ft.
above ground level. Pumping level ☐ ft. when pumping at ☐
gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u> </u>	<u>25</u>
<u>sand to blue clay</u>	<u> </u>	<u>33</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Beasley DATE Oct 1-74
#51

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 44 in. Depth 40 ft.
Curb material concrete Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 80 Ft. Seepage Tile Field 130
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 125 Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 7-26-78

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location

Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☐ No ☐ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number

How attached to casing?

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Wm. Peters Well No.

Address Wellsboro

Driller Bushy License No. 92-471

11. Permit No. 75571 Date 6-15-78

12. Water from sand 13. County Montgomery

Formation

at depth 12 to 18 ft. Sec. 15.1

14. Screen: Diam. in. Twp. 8N

Length: ft. Slot Rge. 4W

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>	<u> </u>	<u>10</u>
<u>36</u>	<u>concrete</u>	<u> </u>	<u>40</u>

SHOW
LOCATION IN
SECTION PLAT
NE 15 16

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u> </u>	<u>12</u>
<u>sand</u>	<u> </u>	<u>18</u>
<u>hardpan</u>	<u> </u>	<u>40</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene Bushy DATE 7-26-78

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well
- a. Dug _____. Bored ☒. Hole Diam. 3. in. Depth 65 ft.
Curb material _____. Buried Slab: Yes _____ No _____
- b. Driven _____. Drive Pipe Diam. _____ in. Depth _____ ft.
- c. Drilled _____. Finished in Drift _____. In Rock _____.
Tubular _____. Gravel Packed ☒.
- d. Grout: _____

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
Building 35 Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 100 Barnyard _____
Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes ✓ No _____
4. Date well completed _____
5. Permanent Pump Installed? Yes _____ Date _____ No ✓
Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.
6. Well Top Sealed? Yes ✓ No _____ Type _____
7. Pitless Adapter Installed? Yes _____ No ✓
Manufacturer _____ Model Number _____
How attached to casing? _____
8. Well Disinfected? Yes ✓ No _____
9. Pump and Equipment Disinfected? Yes _____ No _____
10. Pressure Tank Size _____ gal. Type _____
Location _____
11. Water Sample Submitted? Yes _____ No ✓

REMARKS:

10. Property owner William R. Lee Well No. _____
Address 1111 1/2 St.
Driller Chas. E. Lee License No. 22-683
11. Permit No. 108071 Date _____
12. Water from City 13. County Montgomery
Formation
at depth _____ to _____ ft.
14. Screen: Diam. _____ in.
Length: _____ ft. Slot _____
Sec. 15.7m
Twp. 5N
Rge. 4W
Elev. _____

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
3c	concrete	6.1	

SHOW
LOCATION IN
SECTION PLAT
NE NW NW

16. Size Hole below casing: _____ in.
17. Static level _____ ft. below casing top which is _____ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

[illegible]

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ray G. Hall DATE 4-22-81

White Copy -
III. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED. AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT**

GEOLOGICAL AND WATER SURVEYS WELL RECORD

- ### 1. Type of Well

a. Dug ☐ . Bored ☒ . Hole Diam. 30 in. Depth 29 ft.
Curb material ☐ . Buried Slab: Yes ☐ No ☐

b. Driven ☐ . Drive Pipe Diam. ☐ in. Depth ☐ ft.

c. Drilled ☐ . Finished in Drift ☐ . In Rock ☐ .
Tubular ☐ . Gravel Packed ☒ .

d. Grout:

--	--	--	--	--	--

(KIND)	FROM (FL.)	TO (FL.)

- ## 2. Distance to Nearest:

Building No Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank No Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ✓ No

4. Date well completed _____

5. Permanent Pump Installed? Yes _____ Date _____ No ✓

Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes ✓ No Type

7. Pitless Adapter Installed? Yes _____ No ✓

Manufacturer _____ Model Number _____
How attached to casing? _____

8. Well Disinfected? Yes ✓ No

9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____

Location _____

11. Water Sample Submitted? Yes _____ No ✓

REMARKS:

10. Property owner DIANN HOMES Well No. _____

Address Hillboro ILL.

Driller GARY E. NOLL License No. 92-623

11. Permit No. 175216 Date 11/1/77

12. Water from Sand 13. County Montgomery

at depth _____ to _____ ft. Sec. 3

14. Screen: Diam. _____ in. Twp. 8N

--	--	--	--

Length: _____ ft. Slot _____ Rge. 4 W

- Elev. _____

15. Casing and Liner Pipe

Dim. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	concrete	30	

SHOW
LOCATION IN
SECTION PLAT
NW 1/4 SE

16. Size Hole below casing: _____ in.

17. Static level _____ ft. below casing top which is _____ ft.

above ground level. Pumping level _____ ft. when pumping at _____
gpm for _____ hours.

18.	FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
	CLAY	20	20
	SAND	9	29

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harry E. Roll DATE 7-5-28

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO ILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4-2 in. Depth 62 ft.
Curb material Conc. Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building 80 Ft. Seepage Tile Field 200
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 200 Barnyard
Leaching Pit Manure Pile

3. Is water from this well to be used for human consumption?

Yes ☒ No ☐

4. Date well completed Apr 29-74

5. Permanent Pump Installed? Yes ☐ No ☒
Manufacturer Type
Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☒

8. Well Disinfected? Yes ☐ No ☒

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

10. Property owner Burl Bauman Well No.

Address Hillboro, Ill

Driller Bearley License No. 92-471

11. Permit No. 221-33 Date Dec 14-73

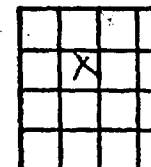
12. Water from Formation 13. County Mont?

at depth to ft. Sec. 3

14. Screen: Diam. in. Twp. 8N

Length: ft. Slot Rge. 4W

Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>Plastic</u>	<u> </u>	<u>10</u>
<u>36"</u>	<u>conc</u>	<u> </u>	<u>62</u>

SHOW
LOCATION IN
SECTION PLAT

NW NW NE

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>	<u>35</u>	<u> </u>
<u>Blue clay</u>	<u>27</u>	<u>62</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Eugene B Bearley DATE Apr 29-74

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☒ Hole Diam. 4 1/2 in. Depth 60 ft.
Curb material con Buried Slab: Yes ☒ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☐
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building ☐ Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank ☐ Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 5-11-83

5. Permanent Pump Installed? Yes ☐ Date ☐ No ☒

Manufacturer ☐ Type ☐ Location ☐

Capacity ☐ gpm. Depth of Setting ☐ Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type ☐

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer ☐ Model Number ☐

How attached to casing? ☐

8. Well Disinfected? Yes ☐ No ☒

9. Pump and Equipment Disinfected? Yes ☐ No ☒

10. Pressure Tank Size ☐ gal. Type ☐

Location ☐

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

*new const
no bldg. yet*

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Dennis Gassman Well No. ☐

Address Shillsham

Driller Link License No. 92-607

11. Permit No. 106950 Date 4-29-83

12. Water from gravel 13. County Montgomery

at depth 25 to 40 ft. Sec. 36

14. Screen: Diam. ☐ in. Twp. 8N

Length: ☐ ft. Slot ☐ Rge. 4W

Elev. ☐

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>plastic</u>		<u>10</u>
<u>36</u>	<u>concrete</u>		<u>40</u>
<u>24</u>	<u>concrete</u>		<u>60</u>

SHOW
LOCATION IN
SECTION PLAT
SW SE SW

16. Size Hole below casing: ☐ in.

17. Static level ☐ ft. below casing top which is ☐ ft.

above ground level. Pumping level ☐ ft. when pumping at ☐

gpm for ☐ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Clay</u>		<u>12</u>
<u>gravelly clay</u>		<u>25</u>
<u>hard & gravel, yellow</u>		<u>40</u>
<u>gray clay</u>		<u>60</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold Link DATE 5-11-83

LOG OF WATER WELL

TEST

Property owner Harland C. Turner Well No. 2Drilled by E. C. Baker & Sons Year 1956

Formations passed through	Thick- ness	Depth of Bottom
<u>Soil</u>	<u>1'</u>	<u>1'</u>
<u>Yellow Clay</u>	<u>10'</u>	<u>11'</u>
<u>Yellow Sandy Clay</u>	<u>21'</u>	<u>32'</u>
<u>Blue Clay</u>	<u>74'</u>	<u>106'</u>
<u>Green Clay</u>	<u>6'</u>	<u>112'</u>

[Continue on back if necessary]

Finished in TEST HOLE at _____ to _____ ft.

Cased with _____ inch _____ from 0 to _____ ft.

and _____ inch _____ from _____ to _____ ft.

Size hole below casing _____ inch. Static level from surf _____ ft.

Tested capacity _____ gal. per min. Temperature _____ °F.

Water lowered to _____ ft. _____ in. in _____ hrs. _____ min.

Length of test _____ hrs. _____ min. Screen _____

Slot _____ Diam. _____ Length _____ Bottom set at _____ ft.

[Show location in Section Plat]

Township name Hillsboro Elev. _____Description of location 1 mile west ofHillsboro, Ill.Signed F.F. & J.C. Baker County Montgomery

Copy for Illinois State Water Survey Index:

of Hillsboro, Ill. N 2 E S 20F.F. & J.C. Baker Montgomery

Signed _____ County _____

Copy for Illinois State Water Survey Index:

#57

LOG OF WATER WELL

Test # 2

Property owner H. C. Turner Well No. 1Drilled by E. C. Baker & Sons Year 1956

Formations passed through	Thick- ness	Depth of Bottom
Soil	1	1
Yellow clay	10	11
Yellow sandy clay	21'	32'
Blue clay	74'	106'
Green Clay	6'	112'
Blue Clay	8'	120'
Lime (water)	9'6"	129 1/2'
Black Shale	1 1/2'	131'
Blue Shale	1	132'

LIME [Continue on back if necessary]

Finished in 120 at 129 1/2 ft.Cased with 6 inch L.D. casing from 0 to 121 ft.

and _____ inch _____ from _____ to _____ ft.

Size hole below casing _____ inch. Static level from surf. 26 1/2 ft.Tested capacity 5 gal. per min. Temperature _____ °F.Water lowered to 100 ft. in 6 hrs. _____ min.Length of test 6 hrs. _____ min. Screen _____

Slot _____ Diam. _____ Length _____ Bottom set at _____ ft.

[Show location in Section Plat]

Township name Hillsboro Elev. _____ Sec. 10 5dDescription of location one mile west Twp. 8Nof Hillsboro, Ill. Rge. R. 4WSigned F.F. & J.C. Baker County Montgomery

Copy for Illinois State Water Survey

Index:



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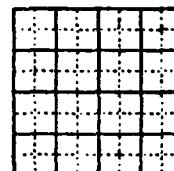
ILLINOIS GEOLOGICAL SURVEY, URBANA

Strata	Thickness	Top	Bottom
Soil	2	0	2
Blue soft clay	5	2	7
Hard blue clay	11	7	18
Blue sand packed	12	18	30
Blue sandy clay	8	30	38
Lime?			T1

COMPANY
FARM
DATE DRILLED
AUTHORITY
ELEVATION
LOCATION
COUNTY

E.C. Baker & Sons
Turner, Harland, Ga.
1956
E.C. Baker & Sons

NO. 1
COUNTY NO. 388



1 mile west of Hillsboro, Ill.
MONTGOMERY

10-8N-4W

#59

29#

LOG OF WATER WELL

Well No. 1

O B E D W A R D S

J H S Smith & Son

Property owner

Formations passed through

Well 17 ft & beyond with fine gravel & sand

Gravel & sand mixed

Blue clay & gravel mixed

Blue clay

Blue & gravel

65 - 70

60 - 65

45 - 60

25 - 45

20 - 25

17 - 20

T D 70

Finished in 70 ft. to 75 ft. at 65 ft. [Continue on back if necessary]

Shells & gravel at 65 ft. from 70 ft. to 75 ft. Cased with 7 inch. Static level from surf. 16 ft. and 6.4 inch. Size hole below casing 30

Temperature 80. gal. per min. in. in. min. hrs. Water lowered to 30

Length of test 30 min. hrs. Length 30 min. hrs. Diam. 30 min. hrs. Slot 30 min. hrs.

Bottom set at 30 min. hrs. [Show location in Section Plat] 30 min. hrs. Township name 30 min. hrs. Description of location 30 min. hrs.

County 30 min. hrs. Signed 30 min. hrs. Index: 30 min. hrs.

Copy for Illinois State Water Survey 30 min. hrs.